

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

FORMAL COMPLAINT

ORIGINAL

Illinois Commerce Commission
527 East Capitol Avenue
Post Office Box 19280
Springfield, Illinois 62794-9280

For Commission Use Only:

Case 01-0072

Regarding a complaint

by BARBARA E. JOHNSON
(Person making the complaint)

against PEOPLE'S GAS
(Utility name)

as to REFUND ON ESTIMATED BTLS

(Reason for complaint)

in CHICAGO Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 3221 West 61st Street, Chicago, IL 60629

The service address that I am complaining about is (SAME AS ABOVE) 3221 West 61st Street

My home telephone number is 312 922-8855

Between 8:30 a.m. and 5:00 p.m. weekdays I can be reached at 312 1 220-4002

PEOPLE'S GAS (respondent) is a public utility and is subject to the provisions of
(Full name of utility company)
the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs which you think are involved with your complaint.

280.75 a), c), 280.80 a),

Have you contacted the Consumer Affairs Division of the Illinois Commerce Commission about this complaint? X Yes No

Has your complaint filed with that office been closed? X Yes No

Please state your complaint briefly. Number each of the paragraphs. Please include any specific time period and dollar amounts involved with your complaint. Use an extra sheet of paper, if needed.

PEOPLE'S GAS SENT ME A BILL TOTALLING \$1118.00 FOR THE GAS USAGE FOR A THREE MONTH PERIOD OF TIME. ACCORDING TO THE ILLINOIS COMMERCE COMMISSION'S REPRESENTATIVE, A MS. WATERS, ALL OF THE BILLS SENT ~~XX~~ WERE ESTIMATED.

I WAS ALSO TOLD THAT THE PERSON RESPONSIBLE FOR READING THE METER, SAID HE HAD DIFFICULTY GETTING INTO THE BUILDING TO READ THE METER. THIS STATEMENT IS NOT TRUE, BECAUSE THE METERS ARE SITUAT~~ED~~ED WHEREBY THEY CAN BE READ FROM OUTSIDE OF THE BUILDING.

Please clearly state what you want the Commission to do in this case.

I WOULD LIKE FOR THE COMMISSION TO HEAR MY CASE AND JUDGE THE FACTS FAIRLY-DETERMINING THAT I SHOULD GET ATLEAST SOME OF MY MONEY RETURNED IF NOT A LARGE PORTION OF IT.

Date: 1/9/2001 January 9, 2001
(Month, day, and year)

Complainant's signature

Barbara Johnson

If you will be represented by an attorney, please give the attorney's name, address, and telephone number.

You need to file the original and three copies of this form with the Commission and also provide the Commission one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must watch you fill out this part of the form.

I, BARBARA JOHNSON, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.

Barbara Johnson
(Signature)

Subscribed and sworn/affirmed to before me this 18 day of JANUARY, 192001

[Signature]
Notary Public, Illinois

NOTE:

Failure to answer all of the questions on this form may result in this form being returned to you without processing. If you have questions, please call the counselor in the Consumer Affairs Division that handled your informal complaint.

